

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the
Northern District of Texas

Career Colleges & Schools of Texas

Plaintiff

v.

United States Department of Education,

et al

Defendant

Civil Action No. 4:23-cv-00206-O

Summons in a Civil Action

TO: Miguel Cardona, in his official capacity

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) -- or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) -- you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or the plaintiff's attorney, whose name and address are:

Philip Vickers
Cantey Hanger Plaza
600 West 6th St Suite 300
Fort Worth, TX 76102-3685

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT



Signature of Clerk or Deputy Clerk

DATE: 02/28/2023



Civil Action No. 4:23-cv-00206-O

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Miguel Cardona, in his official capacity as Secretary of the Dept. of Education was received by me on *(date)* February 28, 2023.

☐ I personally served the summons on the individual at *(place)* _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____, a person of suitable age and discretion who resides there, on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is designated by law to accept service of process on behalf of *(name of organization)* _____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

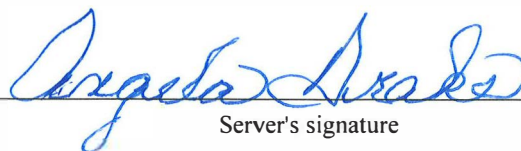
☒ other *(specify)* By sending a copy of the summons and complaint by certified mail to the Office of Miguel Cardona, 400 Maryland Avenue, SW, Washington, DC 20202, as required by FRCP 4(i)(2) on February 28, 2023.

My fees are \$ 0 for travel and \$ _____ for services, for a total of \$ _____

I declare under penalty of perjury that this information is true.

March 8, 2023

Date: _____



Server's signature

Angela Drake

Printed name and title

600 West 6th Street, Suite 300, Fort Worth, Texas 76102

Server's address

Additional information regarding attempted service, etc:

See Exhibit A.

UNITED STATES DISTRICT COURT

for the
Northern District of Texas

Career Colleges & Schools of Texas

Plaintiff

v.

United States Department of Education, et al

Defendant

Civil Action No. 4:23-cv-00206-O

Summons in a Civil Action

TO: Miguel Cardona, in his official capacity

These copies of the summons and complaint are to be either:

- (1) delivered to the United States Attorney for the Northern District of Texas or to an assistant United States attorney or clerical employee whom the United States Attorney has designated in writing filed with the Clerk of the United States District Court for the Northern District of Texas;
or
- (2) send by registered or certified mail to the civil-process clerk at the Office of the United States Attorney for the Northern District of Texas (801 Cherry Street, Suite 1700,Fort Worth, TX 76102-6897)

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) -- or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) -- you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Philip Vickers
Cantey Hanger Plaza
600 West 6th St Suite 300
Fort Worth , TX 76102-3685

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT



Signature of Clerk or Deputy Clerk



DATE: 02/28/2023

Civil Action No. 4:23-cv-00206-O

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* Miguel Cardona, in his official capacity as Secretary of the Dept. of Education
was received by me on *(date)* February 28, 2023.

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is designated
by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____; or

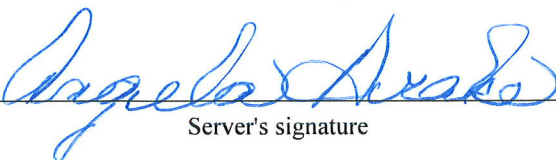
☐ I returned the summons unexecuted because _____; or

☒ other *(specify)* By sending a copy of the summons and complaint by certified mail to the civil process clerk at the Office
of the U.S. Attorney for the Northern District of Texas at 801 Cherry Street, Suite 1700, Fort Worth Texas, 76102, as required
by FRCP 4(i)(1)(A) on February 28, 2023.

My fees are \$ 0 for travel and \$ _____ for services, for a total of \$ _____

I declare under penalty of perjury that this information is true.

Date: March 8, 2023 _____



Server's signature

Angela Drake

Printed name and title

600 West 6th Street, Suite 300, Fort Worth, Texas 76102

Server's address

Additional information regarding attempted service, etc:

See Exhibit B.

UNITED STATES DISTRICT COURT

for the
Northern District of Texas

Career Colleges & Schools of Texas

Plaintiff

v.

United States Department of Education, et al

Defendant

Civil Action No. 4:23-cv-00206-O

Summons in a Civil Action

TO: Miguel Cardona, in his official capacity

(These copies of the summons and complaint are to be sent by registered or certified mail to the Attorney General of the United States at 950 Pennsylvania Avenue, NW, Washington, DC 20530-0001.)

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) -- or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) -- you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Philip Vickers
Cantey Hanger Plaza
600 West 6th St Suite 300
Fort Worth , TX 76102-3685

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT



Signature of Clerk or Deputy Clerk



DATE: 02/28/2023

Civil Action No. 4:23-cv-00206-O

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

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was received by me on *(date)* February 28, 2023.

☐ I personally served the summons on the individual at *(place)* _____
_____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is designated
by law to accept service of process on behalf of *(name of organization)* _____
_____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☒ other *(specify)* By sending a copy of the summons and complaint by certified mail to the U.S. Attorney General at 950
Pennsylvania Avenue, Washington DC 20530, as required by FRCP 4(i)(B) on February 28, 2023.

My fees are \$ 0 for travel and \$ _____ for services, for a total of \$ _____

I declare under penalty of perjury that this information is true.

Date: March 8, 2023 _____



Server's signature

Angela Drake

Printed name and title

600 West 6th Street, Suite 300, Fort Worth, Texas 76102

Server's address

Additional information regarding attempted service, etc:

See Exhibit C.

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the
Northern District of Texas

Career Colleges & Schools of Texas

Plaintiff

v.

United States Department of Education,

et al

Defendant

Civil Action No. 4:23-cv-00206-O

Summons in a Civil Action

TO: United States Department of Education

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) -- or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) -- you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or the plaintiff's attorney, whose name and address are:

Philip Vickers
Cantey Hanger Plaza
600 West 6th St Suite 300
Fort Worth , TX 76102-3685

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT



Signature of Clerk or Deputy Clerk

DATE: 02/28/2023



Civil Action No. 4:23-cv-00206-O

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* The U.S. Department of Education
 was received by me on *(date)* February 28, 2023.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is designated
 by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☒ other *(specify)* By sending a copy of the summons and complaint by certified mail to the U.S. Department of Education at
400 Maryland Avenue, SW, Washington, DC 20202, as required by FRCP 4(i)(2) on February 28, 2023.

My fees are \$ 0 for travel and \$ _____ for services, for a total of \$ _____

I declare under penalty of perjury that this information is true.

Date: March 8, 2023



 Server's signature

Angela Drake

Printed name and title

600 West 6th Street, Suite 300, Fort Worth, Texas 76102

Server's address

Additional information regarding attempted service, etc:

See Exhibit D.

UNITED STATES DISTRICT COURT

for the
Northern District of Texas

Career Colleges & Schools of Texas

Plaintiff

v.

United States Department of Education, et al

Defendant

Civil Action No. 4:23-cv-00206-O

Summons in a Civil Action

TO: United States Department of Education

These copies of the summons and complaint are to be either:

- (1) delivered to the United States Attorney for the Northern District of Texas or to an assistant United States attorney or clerical employee whom the United States Attorney has designated in writing filed with the Clerk of the United States District Court for the Northern District of Texas;
or
- (2) send by registered or certified mail to the civil-process clerk at the Office of the United States Attorney for the Northern District of Texas (801 Cherry Street, Suite 1700,Fort Worth, TX 76102-6897)

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) -- or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) -- you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Philip Vickers
Cantey Hanger Plaza
600 West 6th St Suite 300
Fort Worth , TX 76102-3685

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT



Signature of Clerk or Deputy Clerk



DATE: 02/28/2023

Civil Action No. 4:23-cv-00206-O

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* The U.S. Department of Education
 was received by me on *(date)* February 28, 2023.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is designated
 by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☒ other *(specify)* By sending a copy of the summons and complaint by certified mail to the civil process clerk at the Office
of the U.S. Attorney for the Northern District of Texas at 801 Cherry Street, Suite 1700, Fort Worth Texas, 76102, as required
by FRCP 4(i)(1)(A) on February 28, 2023.

My fees are \$ 0 for travel and \$ _____ for services, for a total of \$ _____

I declare under penalty of perjury that this information is true.

Date: March 8, 2023



 Server's signature

Angela Drake

 Printed name and title

600 West 6th Street, Suite 300, Fort Worth, Texas 76102

 Server's address

Additional information regarding attempted service, etc:

See Exhibit E.

UNITED STATES DISTRICT COURT

for the
Northern District of Texas

Career Colleges & Schools of Texas

Plaintiff

v.

United States Department of Education, et al

Defendant

Civil Action No. 4:23-cv-00206-O

Summons in a Civil Action

TO: United States Department of Education

(These copies of the summons and complaint are to be sent by registered or certified mail to the Attorney General of the United States at 950 Pennsylvania Avenue, NW, Washington, DC 20530-0001.)

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) -- or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) -- you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Philip Vickers
Cantey Hanger Plaza
600 West 6th St Suite 300
Fort Worth , TX 76102-3685

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT



Signature of Clerk or Deputy Clerk



DATE: 02/28/2023

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

Civil Action No. 4:23-cv-00206-O

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) The U.S. Department of Education
 was received by me on (date) February 28, 2023.

☐ I personally served the summons on the individual at (place) _____
 _____ on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is designated
 by law to accept service of process on behalf of (name of organization) _____
 _____ on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☒ other (specify) By sending a copy of the summons and complaint by certified mail to the U.S. Attorney General at 950
Pennsylvania Avenue, Washington DC 20530, as required by FRCP 4(i)(B) on February 28, 2023.

My fees are \$ 0 for travel and \$ _____ for services, for a total of \$ _____

I declare under penalty of perjury that this information is true.

March 8, 2023
 Date: _____


 Server's signature

Angela Drake

Printed name and title

600 West 6th Street, Suite 300, Fort Worth, Texas 76102

Server's address

Additional information regarding attempted service, etc:

See Exhibit F.

Exhibit A

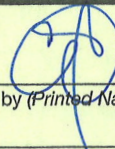
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature </p> <p>X <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>U.S. DEPT. OF EDUCATION ATTN: DR. CARDONA 400 MARYLAND AVE NW WASHINGTON DC 20202</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7012 1640 0001 3754 0779</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

Exhibit B


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature <input checked="" type="checkbox"/> <i>Kim Bassham</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: OFFICE OF US ATTY N.D. OF TX 801 CHERRY ST., STE 1700 FORT WORTH TX 76102		B. Received by (Printed Name) <i>Kim Bassham</i>	C. Date of Delivery <i>3/2/23</i>
2. Article Number (Transfer from service label) 7012 1640 0001 3754 0816		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 7445 2055 2638 01		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Restricted Delivery Domestic Return Receipt	

Exhibit C

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X MAR 06 2023 <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		B. Received by (Printed Name)	C. Date of Delivery
<p>1. Article Addressed to:</p> <p>ATTY. GEN. OF U.S. 950 PENN. AVE. NW WASHINGTON DC 20530</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7012 1640 0001 3754 0793</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery</p>	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	

Exhibit D

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> <i>Andrew Halling</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: <u>U.S. DEPT. OF EDUCATION</u> <u>400 MARYLAND AVE SW</u> <u>WASHINGTON DC 20202</u></p>		<p>B. Received by (Printed Name) <u>Andrew Halling</u> C. Date of Delivery <u>3-6-23</u></p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label) <u>7012 1640 0001 3754 2612</u></p>		<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>9590 9402 7445 2055 2638 25</p>		<p>Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p>		<p>Domestic Return Receipt</p>	

Exhibit E



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Kim Bassham</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to: ATTY. N.D. OF TEXAS 801 CHERRY ST. STE. 1700 FORT WORTH TX 76102-6897</p>	<p>B. Received by (Printed Name) <i>Kim Bassham</i> C. Date of Delivery <i>3/2/23</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
 9590 9402 7445 2055 2638 18	<p>3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery</p>
<p>2. Article Number (Transfer from service label) 7012 1640 0001 3754 0809</p>	<p>ii Restricted Delivery</p>
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt

Exhibit F

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>Andrey Halling</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: U.S. DEPT. OF EDUCATION 400 MARYLAND AVE SW WASHINGTON DC 20202		B. Received by (Printed Name) <i>Andrey Halling</i> C. Date of Delivery <i>3-6-23</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
 9590 9402 7445 2055 2638 25		3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery	
2. Article Number (Transfer from service label) 7012 1640 0001 3754 2612		Restricted Delivery	
PS Form 3811, July 2020 PSN 7530-02-000-9053		Domestic Return Receipt	